



## ORGANIC PRODUCTION SYSTEM PLAN

NAME: \_\_\_\_\_

COUNTY: \_\_\_\_\_

FARM NAME: \_\_\_\_\_

### GENERAL INFORMATION

Year farm began: \_\_\_\_\_

New Applicant: ☐ Yes ☐ No If no, year first certified: \_\_\_\_\_

Name of person overseeing organic production: \_\_\_\_\_

Has your business applied for certification previously? ☐ Yes ☐ No

If yes, list the certification agency, the year the application was made, and the outcome of the application:

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List current organic certification by other agencies: \_\_\_\_\_

Have you ever been denied certification? ☐ Yes ☐ No

If yes, please describe the circumstances: \_\_\_\_\_

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### SEEDS [NOP 205.204]

☐ N/A (Not Applicable) Seeds not used in production system (e.g. perennial crop)

*The National Organic Program requires the use of organically grown seeds, unless the variety is not commercially available. The National Organic Program also prohibits the use of synthetic seed treatments. You must have records of your attempts to source organic seed if you are using non-organic seeds. Please save all seed and inoculant labels, seed catalogs and other records that will demonstrate that you are in compliance with the organic seed/commercial availability requirements.*

List all the seeds used in organic crop production. Attach additional sheets of paper if necessary.

Seed/Variety	Organic (✓)	Untreated (✓)	Treated (✓)	Type of Treatment



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SEED/VARIETY	Organic (✓)	Untreated (✓)	Treated (✓)	TYPE OF TREATMENT

List your seed suppliers.

Seed Supplier/Company	Location: City, State

Do your seed suppliers have organic seeds available? ☐ Yes ☐ No

If yes, have you requested organic seeds? ☐ Yes ☐ No

If no, please describe why organic seeds were not commercially available.

☐ Organic seeds are not an equivalent variety ☐ Organic seeds not available in commercial quantities

☐ Other \_\_\_\_\_

Are any of the seeds treated? ☐ Yes ☐ No

If yes, be sure to list treatment in the chart above.

**NOTE: Under the National Organic Program synthetic seed treatments are prohibited.**

### ANNUAL TRANSPLANTS AND SEEDLINGS [NOP 205.204]

*NOTE: Annual seedlings must be produced according to organic standards. Non-organic perennial plants (planting stock) must be managed organically for at least one year prior to harvest or sale of the plant as certified organic planting stock.*

Do you purchase annual transplants? ☐ Yes ☐ No

If yes, who is the supplier? \_\_\_\_\_ Are they organic? ☐ Yes ☐ No

If yes, certified by which agency? \_\_\_\_\_

Do you produce annual transplants on-farm? ☐ Yes ☐ No

If yes, what ingredients are in your soil mix? \_\_\_\_\_

What fertility products, foliar sprays, or other inputs do you use on your transplants and seedlings? \_\_\_\_\_



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### SOIL FERTILITY AND CROP NUTRIENT MANAGEMENT [NOP 205.203, 205.205]

*NOTE: Under the NOP, producers must select and implement tillage and cultivation practices that maintain or improve the physical, chemical and biological condition of the soil and minimize soil erosion.*

#### Check the type cultivation practices used.

- |                                             |                                           |                                                         |
|---------------------------------------------|-------------------------------------------|---------------------------------------------------------|
| <input type="checkbox"/> Crop rotation      | <input type="checkbox"/> Soil inoculates  | <input type="checkbox"/> Incorporation of crop residues |
| <input type="checkbox"/> Soil amendments    | <input type="checkbox"/> Summer fallow    | <input type="checkbox"/> Other _____                    |
| <input type="checkbox"/> Rock minerals      | <input type="checkbox"/> Animal manure    |                                                         |
| <input type="checkbox"/> Lime               | <input type="checkbox"/> Green manure     |                                                         |
| <input type="checkbox"/> Foliar fertilizers | <input type="checkbox"/> Subsoiling       |                                                         |
| <input type="checkbox"/> Compost            | <input type="checkbox"/> Leguminous crops |                                                         |

#### Check type of tillage practices used.

- |                                       |                                                     |                                                               |
|---------------------------------------|-----------------------------------------------------|---------------------------------------------------------------|
| <input type="checkbox"/> No-till      | <input type="checkbox"/> Subsoiling                 | <input type="checkbox"/> Moisture monitoring prior to tillage |
| <input type="checkbox"/> Minimum till | <input type="checkbox"/> Permanent cover            |                                                               |
| <input type="checkbox"/> Shallow till | <input type="checkbox"/> Contour farming or tillage |                                                               |
| <input type="checkbox"/> Other _____  |                                                     |                                                               |

#### Check type of tillage equipment used.

- |                                      |                                         |                                      |
|--------------------------------------|-----------------------------------------|--------------------------------------|
| <input type="checkbox"/> Chisel plow | <input type="checkbox"/> Moldboard plow | <input type="checkbox"/> Spader      |
| <input type="checkbox"/> Disk        | <input type="checkbox"/> Rotovator      | <input type="checkbox"/> Weed badger |
| <input type="checkbox"/> Rototiller  | <input type="checkbox"/> Cultivator     |                                      |
| <input type="checkbox"/> Harrow      | <input type="checkbox"/> Grape hoe      |                                      |
| <input type="checkbox"/> Other _____ |                                         |                                      |

List your soil types. \_\_\_\_\_

List your soil nutrient deficiencies. \_\_\_\_\_

Are you experiencing any problems with soil alkalization, erosion, compaction or acidification?

☐ Yes ☐ No

If yes, please describe. \_\_\_\_\_

Do you plan to use sodium nitrate? ☐ Yes ☐ No

*The NOP allows up to 20% of total actual pounds N from sodium nitrate.*

Describe your plans to improve or maintain soil quality. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



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Rate the effectiveness of your soil fertility management program.

☐ Excellent    ☐ Satisfactory    ☐ Needs improvement

Check how you monitor the effectiveness of your fertility management program.

☐ Soil testing                      ☐ Observation of soil                      ☐ Crop quality testing  
☐ Microbiological testing                      ☐ Observation of crop health                      ☐ Other \_\_\_\_\_  
☐ Plant tissue testing                      ☐ Comparison of crop yields

How often do you take these tests or make these observations? \_\_\_\_\_

### CROP ROTATION [NOP 205.205]

For annual crops, please describe your crop rotation plan. \_\_\_\_\_

\_\_\_\_\_

### Cover Crops

#### Annual crops:

List the cover crops that you use. \_\_\_\_\_

\_\_\_\_\_

#### Orchards and other perennial crops:

Describe the ground cover and any cover crops that you use. \_\_\_\_\_

\_\_\_\_\_

List the fertilizers, manure, compost, foliar nutrients, growth regulators, crop production aids and soil amendments that you plan to use this year.

Name of material (be specific)	Name of material (be specific)	Name of material (be specific)
1.	8.	15.
2.	9.	16.
3.	10.	17.
4.	11.	18.
5.	12.	19.
6.	13.	20.
7.	14.	21.
22.	23.	24.
25.	26.	27.



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### MANURE USE

[NOP 205.203 (c)(1)]

*NOTE: Under the NOP, the producer must not apply raw, aged, or liquid manure within 120 days of harvest of a crop which has contact with the soil or within 90 days of the harvest of a crop which does not have contact with the soil surface or soil particles.*

What forms of animal manure do you apply? ☐ None ☐ Raw ☐ Aged ☐ Liquid ☐ Composted

If you use raw, aged, or liquid animal manure, what date(s) do you plan to apply the raw, aged, or liquid manure? \_\_\_\_\_

Do you apply raw, aged, or liquid manure within 90 days of harvest? ☐ Yes ☐ No

Do any of your crops have direct contact with the soil? ☐ Yes ☐ No

If yes, do you apply raw, aged, or liquid manure within 120 days of harvest? ☐ Yes ☐ No

### COMPOST

[NOP 205.203(c)(2)]

Do you make compost? ☐ Yes ☐ No

If yes, list all compost ingredients/feedstocks/additives. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

What compost method do you use?

☐ In-vessel ☐ Static aerated pile ☐ Windrow ☐ Other \_\_\_\_\_

What temperatures were recorded? \_\_\_\_\_

How long were these temperatures maintained? \_\_\_\_\_

### NATURAL RESOURCES

*NOTE: NOP 205.200 requires that production practices must maintain or improve the natural resources of the operation, including soil and water quality*

Check which methods you use to manage your natural resources.

<input type="checkbox"/> WSDA Organic Production System Plan	<input type="checkbox"/> Holistic Resource Management
<input type="checkbox"/> NRCS Farm Plan	<input type="checkbox"/> Farm plan or resource management plan
<input type="checkbox"/> Conservation District Farm Plan	<input type="checkbox"/> Other _____

Check which natural resources are included in your production plan.

<input type="checkbox"/> Water quality	<input type="checkbox"/> Air quality	<input type="checkbox"/> Wooded lands
<input type="checkbox"/> Water quantity	<input type="checkbox"/> Soil erosion	<input type="checkbox"/> Soil contamination
<input type="checkbox"/> Wetlands	<input type="checkbox"/> Biodiversity	<input type="checkbox"/> Other _____



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Check which resource conservation practices you are implementing? ☐ None

- |                                                    |                                               |                                                                             |
|----------------------------------------------------|-----------------------------------------------|-----------------------------------------------------------------------------|
| <input type="checkbox"/> Riparian buffers          | <input type="checkbox"/> Winter cover crops   | <input type="checkbox"/> Conservation tillage                               |
| <input type="checkbox"/> Nutrient budgeting        | <input type="checkbox"/> Stubble retention    | <input type="checkbox"/> Seasonal application of manure and other nutrients |
| <input type="checkbox"/> Maintain wildlife habitat | <input type="checkbox"/> Composting of manure | <input type="checkbox"/> Replacement of furrow irrigation                   |
| <input type="checkbox"/> Windbreaks                | <input type="checkbox"/> Strip farming        | <input type="checkbox"/> Other _____                                        |
| <input type="checkbox"/> Permanent cover crops     | <input type="checkbox"/> Interplanting        |                                                                             |

### WATER

Check the ways that water is utilized on your farm. ☐ None

- |                                     |                                        |                                      |
|-------------------------------------|----------------------------------------|--------------------------------------|
| <input type="checkbox"/> Irrigation | <input type="checkbox"/> Foliar sprays | <input type="checkbox"/> Greenhouse  |
| <input type="checkbox"/> Livestock  | <input type="checkbox"/> Washing crops | <input type="checkbox"/> Other _____ |

Check the source of water.

- |                                          |                                           |                                              |
|------------------------------------------|-------------------------------------------|----------------------------------------------|
| <input type="checkbox"/> Spring          | <input type="checkbox"/> River/creek/pond | <input type="checkbox"/> Irrigation district |
| <input type="checkbox"/> On-site well(s) | <input type="checkbox"/> Municipal/county | <input type="checkbox"/> Other _____         |

Name of municipal/irrigation district. \_\_\_\_\_

Check the type of irrigation system. ☐ None

- |                                 |                                       |                                      |
|---------------------------------|---------------------------------------|--------------------------------------|
| <input type="checkbox"/> Drip   | <input type="checkbox"/> Center pivot | <input type="checkbox"/> Solid set   |
| <input type="checkbox"/> Furrow | <input type="checkbox"/> Wheel line   | <input type="checkbox"/> Other _____ |

What input products are applied through the irrigation system? ☐ None

\_\_\_\_\_

What products do you use to clean irrigation lines/nozzles? ☐ None

\_\_\_\_\_

Check which practices are used to conserve water usage.

- |                                                 |                                                                     |
|-------------------------------------------------|---------------------------------------------------------------------|
| <input type="checkbox"/> Micro-sprinklers       | <input type="checkbox"/> Scheduled use of water to conserve its use |
| <input type="checkbox"/> Drip irrigation        | <input type="checkbox"/> Other _____                                |
| <input type="checkbox"/> Tensiometer/monitoring |                                                                     |

List known contaminants in water supplies in your area. \_\_\_\_\_

Describe your efforts to minimize the water contamination problems listed above. \_\_\_\_\_

\_\_\_\_\_

### WEED, PEST, and DISEASE PRACTICE MANAGEMENT PRACTICE STANDARDS

*NOTE: Under NOP 205.206, the producer must use management practices to prevent crop weeds, pest and diseases. If preventive methods are not adequate, physical, mechanical methods, or application of approved materials may be used in accordance with NOP 205.206(b) through 205.206(e).*



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### WEED MANAGEMENT PLAN

Check which weed control methods you use or plan to use in your transitional and organic sites?

- |                                             |                                                      |                                      |
|---------------------------------------------|------------------------------------------------------|--------------------------------------|
| <input type="checkbox"/> Mowing             | <input type="checkbox"/> Prevention of weed seed set | <input type="checkbox"/> Cover crops |
| <input type="checkbox"/> Crop rotation      | <input type="checkbox"/> Mechanical cultivation      | <input type="checkbox"/> Corn gluten |
| <input type="checkbox"/> Field preparation  | <input type="checkbox"/> Plastic mulch               | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Soil sterilization | <input type="checkbox"/> Natural mulch               |                                      |
| <input type="checkbox"/> Hand weeding       | <input type="checkbox"/> Flame weeding               |                                      |

Do you keep a record of how often you utilize these weed control methods, i.e., dates and fields when you cultivate or flame weed a specific field? ☐ Yes ☐ No

Rate the effectiveness of your weed management program.

- ☐ Excellent ☐ Satisfactory ☐ Needs improvement

How do you monitor the effectiveness of your weed management program?

- |                                                     |                                                              |
|-----------------------------------------------------|--------------------------------------------------------------|
| <input type="checkbox"/> Weed counts                | <input type="checkbox"/> Comparison of crop yields           |
| <input type="checkbox"/> Observation of weeds       | <input type="checkbox"/> Records kept of observations/counts |
| <input type="checkbox"/> Observation of crop health | <input type="checkbox"/> Other _____                         |

How often do you monitor? \_\_\_\_\_

### PEST MANAGEMENT PLAN

What pests or potential pest do you plan to manage?

- ☐ Rodents ☐ Gophers ☐ Birds ☐ Insects ☐ Other \_\_\_\_\_

List your pest control consultant: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Check which strategies you use to control crop pests.

- |                                        |                                              |                                                 |                                             |
|----------------------------------------|----------------------------------------------|-------------------------------------------------|---------------------------------------------|
| <input type="checkbox"/> Crop rotation | <input type="checkbox"/> Resistant varieties | <input type="checkbox"/> Release of beneficials | <input type="checkbox"/> Companion planting |
| <input type="checkbox"/> Traps         | <input type="checkbox"/> Beneficial habitat  | <input type="checkbox"/> Monitoring             | <input type="checkbox"/> Bird houses        |
| <input type="checkbox"/> Frog ponds    | <input type="checkbox"/> Physical barriers   | <input type="checkbox"/> Trap crops             | <input type="checkbox"/> Mating disruption  |
| <input type="checkbox"/> Bat houses    | <input type="checkbox"/> Timing of planting  | <input type="checkbox"/> Physical removal       |                                             |
| <input type="checkbox"/> Other _____   |                                              |                                                 |                                             |

Do you maintain habitat for beneficial insects? ☐ Yes ☐ No If yes, how? \_\_\_\_\_

Rate the effectiveness of your pest management program.

- ☐ Excellent ☐ Satisfactory ☐ Needs improvement

Check how you monitor the effectiveness of your pest management program.

- |                                                                       |                                                    |
|-----------------------------------------------------------------------|----------------------------------------------------|
| <input type="checkbox"/> Pheromone monitoring traps                   | <input type="checkbox"/> Comparison of crop yields |
| <input type="checkbox"/> Visual observation of insect activity/damage | <input type="checkbox"/> Other _____               |

How often do you monitor? \_\_\_\_\_

Describe the pest management inputs you plan to use on your farm. ☐ N/A (Not Applicable)



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Name of material	What crop?	Reason for use

## DISEASE MANAGEMENT PLAN

List the diseases you manage: \_\_\_\_\_

What disease prevention strategies do you use?

- |                                              |                                             |                                                         |
|----------------------------------------------|---------------------------------------------|---------------------------------------------------------|
| <input type="checkbox"/> Crop rotation       | <input type="checkbox"/> Plant spacing      | <input type="checkbox"/> Compost/tea use                |
| <input type="checkbox"/> Resistant varieties | <input type="checkbox"/> Companion planting | <input type="checkbox"/> Field sanitation               |
| <input type="checkbox"/> Vector management   | <input type="checkbox"/> Soil balancing     | <input type="checkbox"/> Timing of planting/cultivating |
| <input type="checkbox"/> Other _____         |                                             |                                                         |

Rate the effectiveness of your disease management program.

- ☐ Excellent   ☐ Satisfactory   ☐ Needs improvement

Check how you monitor the effectiveness of your disease management program.

- |                                                     |                                       |
|-----------------------------------------------------|---------------------------------------|
| <input type="checkbox"/> Observation of crop health | <input type="checkbox"/> Crop quality |
| <input type="checkbox"/> Comparison of crop yields  | <input type="checkbox"/> Other _____  |

How often do you monitor for disease? \_\_\_\_\_





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Describe the disease management inputs you plan to use on your farm. ☐ N/A (Not Applicable)

Name of material	What crop?	Reason for use

### SPLIT AND PARALLEL PRODUCTION

Which categories of crops are grown? ☐ Organic ☐ Transitional ☐ Conventional

% Organic \_\_\_\_\_ % Transitional \_\_\_\_\_ % Conventional \_\_\_\_\_

List all crop varieties that are grown in two or more categories, and whether they are organic, transitional, or conventional.

Crop variety	Organic	Transitional	Conventional

Is your spray equipment used to apply materials that are prohibited in organic practices? ☐ Yes ☐ No

If yes, describe the clean out procedures that you use to ensure organic crops are not contaminated with prohibited materials. \_\_\_\_\_

### HARVEST AND STORAGE

How are the organic crops harvested?

☐ Mechanical ☐ By hand ☐ Other \_\_\_\_\_

If crops are mechanically harvested, is equipment cleaned prior to harvest? ☐ Yes ☐ No



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If Yes, is this documented? ☐ Yes ☐ No

If crops are harvested by hand, what containers are used?

- ☐ Bins ☐ Cardboard/waxed boxes  
☐ Plastic containers ☐ Other \_\_\_\_\_

Are containers treated? ☐ Yes ☐ No \_\_\_\_\_

If yes, list treatments. \_\_\_\_\_

Are the containers new? ☐ Yes ☐ No

If no, are the containers used for organic/transitional crops only? ☐ Yes ☐ No

If no, are the containers cleaned prior to harvest? ☐ Yes ☐ No

Are the containers labeled as organic?

☐ Yes ☐ No ☐ N/A (Not Applicable), bulk containers, all sales consumer direct. (farmers, market, csa)

Is the organic crop stored on farm? ☐ Yes ☐ No

If yes, please describe storage facility. \_\_\_\_\_

\_\_\_\_\_

Is the organic crop processed on farm? ☐ Yes ☐ No

If yes, please describe processing. \_\_\_\_\_

\_\_\_\_\_

### ADJOINING LAND USE

*NOTE: Organic and transitional crops produced in proximity to the aerial or airblast application of prohibited materials are considered borders at risk.*

Are there any "borders at risk" on any of the sites? ☐ Yes ☐ No

If yes, check which parties pose a risk.

- ☐ Neighbors ☐ Irrigation districts ☐ Road departments  
☐ Utility companies ☐ Aerial spray companies ☐ Other \_\_\_\_\_

Have adequate buffers been established surrounding all organic/transitional sites? ☐ Yes ☐ No

### MARKETING

Check all marketing practices used.

- ☐ Farmers market ☐ On-farm (u-pick, farm stand)  
☐ Direct to restaurants or local retail stores ☐ Wholesale  
☐ CSA/subscription service ☐ Processing (sold or under contract)

Please list wholesalers and processors that you ship to: \_\_\_\_\_

\_\_\_\_\_



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### RECORDKEEPING SYSTEM

Check which of the following records you keep for organic production.

- |                                           |                                                       |                                                        |
|-------------------------------------------|-------------------------------------------------------|--------------------------------------------------------|
| <input type="checkbox"/> Field maps       | <input type="checkbox"/> Storage records              | <input type="checkbox"/> Site history sheets including |
| <input type="checkbox"/> Harvest records  | <input type="checkbox"/> Material application records | material inputs (previous three                        |
| <input type="checkbox"/> Labor records    | <input type="checkbox"/> Equipment clean out records  | years)                                                 |
| <input type="checkbox"/> Sales records    | <input type="checkbox"/> Clean transport records for  | <input type="checkbox"/> Other _____                   |
| <input type="checkbox"/> Shipping records | off farm shipments                                    |                                                        |

**THE NOP REQUIRES A SYSTEM PLAN UPDATE EACH YEAR. PLEASE KEEP A COPY OF THIS PRODUCTION SYSTEM PLAN AS A REFERENCE FOR UPDATING YOUR PRODUCTION PLAN IN THE FUTURE.**